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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 4963

<b>SERIAL NUMBER</b> 10/037,447	<b>FILING OR 371(c) DATE</b> 12/31/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 361331-510A
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/905,188 07/13/2001  
 which claims benefit of 60/218,273 07/13/2000  
 and claims benefit of 60/296,435 06/06/2001  
 and claims benefit of 60/259,242 01/02/2001  
 and claims benefit of 60/259,431 12/29/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/26/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
30623

**TITLE**  
METHOD FOR TREATING FIBROTIC DISEASES AND OTHER INDICATIONS

<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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